



IMPORTANT - Applicant to complete ALL applicable items.

Permit Number		1.Project Name		Master Permit	
2.Project Address			Floor/Suite Number		3.Date Applied
4.Owner			5.Phone: Home - Work - E-Mail Address -		
6.Owner's Mailing Address (if different from project address)					
7.Work Done By (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Contractor					
8.Contractor Name			9.Phone		
10.Business Address					
11.State Contractor License Number _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			12.Business License Number _____ Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.Code Edition		14.Use Group		15.Type of Construction	
17. <input type="checkbox"/> Residential (\$125) <input type="checkbox"/> Residential Accessory Bldg (\$65) <input type="checkbox"/> Residential Detached Garage (\$65) <input type="checkbox"/> Non-Residential Structure (\$175) <input type="checkbox"/> Non-Residential Accessory Structure – including tanks (\$125 each) <input type="checkbox"/> Underground Tanks # _____ <input type="checkbox"/> Above Ground Tanks # _____				16.Area Square Footage	
18.Estimated Job Cost \$					
19.Number of Stories		20.Materials		21.Dwelling Units Demolished <input type="checkbox"/> No <input type="checkbox"/> Yes - # _____	
22.Project Description					
FOR BUILDINGS ONLY:		Asbestos Affidavit <input type="checkbox"/> Yes <input type="checkbox"/> No		Plot Plans Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sewer Cap Permit # _____ / Date Passed _____		Certified Ltrs Rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No			
Utility Co. Verifications - Gas <input type="checkbox"/> Y <input type="checkbox"/> N / Elec. <input type="checkbox"/> Y <input type="checkbox"/> N / Water <input type="checkbox"/> Y <input type="checkbox"/> N					
Required Bond - \$1.00 per sq ft or \$1,000 minimum <input type="checkbox"/> Cashier/Certified Check # _____ <input type="checkbox"/> Performance Bond					
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for Permit _____ Phone _____ / _____ E-Mail Address _____			APPROVALS		PERMIT FEES
			Engineer		Total
			Date Approved		- FOR BUILDING - Check/Bond \$ _____ Deposit Date _____
			Date Issued		
			Engineer. Aide	Rec'd By: Issued By:	